

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 3405

STATE FILE NUMBER 62-045282

FILED DEC 3 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CLAYTON MO</u>		Length of stay in lb <u>2 days</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>COUNTY HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>111 WILLIS AVE</u>	
3. NAME OF DECEASED (Type or print) First <u>Ruth</u> Middle <u>Hammond</u> Last <u>Hammond</u>		4. DATE OF DEATH Month <u>November</u> Day <u>16</u> Year <u>1962</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5 AUG 1903</u>
9. AGE (last birthday) <u>59</u>		10. IF UNDER 1 YEAR IF UNDER 24 HR Months <u>5</u> Days <u>10</u> Hours <u>59</u> Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOMESTIC</u>		12. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>	
13a. FATHER'S NAME <u>MARK McCLAIN</u>		13b. MOTHER'S MAIDEN NAME <u>LULA BUTLER</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) (If yes, give dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT <u>Lula Butler</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>lobar pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11:00</u> a.m. p.m. Month, Day, Year <u>November 14, 1962</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>CLAYTON MO</u>	
21. I attended the deceased from <u>November 14, 1962</u> to <u>November 16, 1962</u> and last saw her alive on <u>November 16, 1962</u> Death occurred at <u>11:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>James H. Hargis M.D.</u>	
22b. ADDRESS <u>601 S. BRENTWOOD BL.</u>		22c. DATE SIGNED <u>11/17/62</u>	
23a. BURIAL CREMATION DATE <u>Buried Nov 1962</u>		23b. NAME OF CEMETERY OR CREMATOR <u>Father's Cemetery</u>	
23c. LOCATION (city, town, or county) (State) <u>Clayton MO</u>		23d. LOCATION (city, town, or county) (State) <u>Clayton MO</u>	
24. FUNERAL DIRECTOR <u>Donald H. Hargis</u>		25. DATE RECD. BY LOCAL REG. <u>11-21-62</u>	
26. REGISTRAR'S SIGNATURE <u>John C. Hargis M.D.</u>		27. REGISTRAR'S SIGNATURE <u>John C. Hargis M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.